

REQUEST FOR R& D COMMITTEE APPROVAL

1. SFVAMC Principal Investigator / Program Director: _____ Degree: _____

SSN: _____ Telephone: _____ Alt. Phone: _____ Mail Code: _____

2. VA Appointment: ☐ Full-time ☐ Part-time ☐ WOC ☐ Consultant

3. Type of Submission: ☐ New ☐ Renewal of Active Project ☐ Revision of Previously approved Research
Submissions other than PI-initiated proposals: ☐ Fellowship/Training (Incl. Career Development) ☐ Contract/Subcontract
☐ Letter of Intent ☐ Clinical Trial ☐ Other: please describe: _____

4. Project Title: _____

5. Have you been approved by R&D to submit grants? ☐ Yes: date of approval: _____ / ☐ No
If "no", you must receive eligibility before this project can be reviewed by the R&D Committee

6. Co-Investigators: _____ Degree: _____ SSN: _____
_____ Degree: _____ SSN: _____
_____ Degree: _____ SSN: _____
_____ Degree: _____ SSN: _____

7. Primary Contact (other than PI): _____ Phone: _____ Fax: _____

8. Anticipated Project Start Date (mm-dd-yy): _____

9. Funding Source & Administration ([See the R&D Web Forms page for codes](#)): Source Name: _____
Source Code: _____ Admin Code: _____ Name (when Admin Code is "06"): _____
If grant is funded through UCSF (instead of VA or NCIRE) please explain why: _____

10. Indicate Resources used in this Project ([Mark each item; submit approval forms—see the R&D website for additional information](#)):
Human Subjects / Tissue / Data: ☐ Yes / ☐ No [Biohazards](#): ☐ Yes / ☐ No
Investigational Drugs: ☐ Yes / ☐ No Radioisotopes: ☐ Yes / ☐ No
Investigational Devices: ☐ Yes / ☐ No [Select Agents](#): ☐ Yes / ☐ No
Tissue Banks: ☐ Yes / ☐ No Animals: ☐ Yes / ☐ No
Controlled Substances ☐ Yes / ☐ No [Restricted Livestock Pathogens](#): ☐ Yes / ☐ No

11. For Research involving Human Subjects (including tissue and data) please list all personnel who will work on this study at the SFVAMC (attach additional sheet if necessary):

Name: _____	Salary Source: <input type="checkbox"/> VA <input type="checkbox"/> NCIRE <input type="checkbox"/> UCSF <input type="checkbox"/> Volunteer
Name: _____	Salary Source: <input type="checkbox"/> VA <input type="checkbox"/> NCIRE <input type="checkbox"/> UCSF <input type="checkbox"/> Volunteer
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12. Indicate Animals Subjects (if used) showing species and, where applicable, strain:

Species: _____ Strain: _____	Species: _____ Strain: _____
Species: _____ Strain: _____	Species: _____ Strain: _____
Species: _____ Strain: _____	Species: _____ Strain: _____

13. Keywords: ([Minimum 3, Maximum 6: Use MESH Terms Only—see the R&D Website or NIH MESH Browser for more information](#))

14. Study Site: ☐ SFVAMC (Specify Building & Room Number) _____ ☐ UCSF (Specify) _____
☐ Other (Specify) _____

Will additional space be required? ☐ Yes / ☐ No (If yes, please attach a justification)

Will this protocol require any structural or other changes such as wiring, plumbing or venting? ☐ Yes / ☐ No

If yes, please specify: _____

15. Core Facilities: Please indicate which facilities you will use:

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Color or Black & White Slide Processing | <input type="checkbox"/> Real-Time PCR | <input type="checkbox"/> FACS Core |
| <input type="checkbox"/> Microscopy & Advanced Imaging | <input type="checkbox"/> Microarray | <input type="checkbox"/> Proteomics |

16. Clinical / Hospital Resources: Please indicate which resources you will use:

- | | |
|--|---|
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Anatomic Pathology |
| <input type="checkbox"/> Laboratory (Clinical Pathology) | |
| <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> SDTU | <input type="checkbox"/> NHCU |
| <input type="checkbox"/> CRC | <input type="checkbox"/> Other Hospital Area: (Specify) _____ |
| <input type="checkbox"/> Nursing Care will be required | |

17. SUBMITTED BY (SFVA PI):

I certify that the above is complete and accurate, and agree to be responsible for the conduct of this study:

SFVAMC Principal Investigator's Signature

Date

18. APPROVALS:

Service Chief:

I verify that the:

- PI has the proper education, experience and expertise to conduct this research;
- PI has sufficient staff and facilities to conduct the research;
- conduct of this protocol will adhere to all SFVAMC policies and procedures.

Therefore:

I approve this request to conduct research as described in the attached protocol:

Service Chief's Signature (or COS if Service Chief is PI)

Date

ACOS/R:

Approved with the understanding that adequate alternate space may be assigned:

Lynn Pulliam, M.S., Ph.D., ACOS/R (or Designee)

Date